PTC/S8/06 (12-04)
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to a collection of information unless it disclays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Doctor Number			
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY		
	FOR	NUME	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (S)	FEE (\$)	
	SIC FEE CFR 1.15(a), (b), or ((a)										
SE	RCH FEE					1						
EX	MINATION FEE				$\overline{}$	1						
(37 CFR 1.16(o), (p)/or (q)) TOTAL CLAIMS		(Ψ)	:	_ .		Ļ			OR	x -		
INC	CFR 1.16(i) \(\triangle \) EPENDENT CLA	IMS	minus 20			1	, .		OK.			
(37 CFR 1.16(h)) minus 3 #					exceed 100	ł	X =			× -		
APPLICATION SIZE FEE (37 CFR 1.16(s)) sheets of paper, the application size is \$250 (\$125 for small entity) for eac additional 50 sheets or fraction there 35 U.S.C. 41(a)(1)(G) and 37 CFR 1					ze fee due each ereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I))												
* if the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL			TOTAL		
APPLICATION'AS AMENDED - PART II						_	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT X		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDI- TIONAL FEE (5)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.180))	.25	Minus	<i>- 5</i> 7	•	ľ	х =		OR	X =		
2	Independent (37 CFR 1.18(h))	9	Mirus	12	•/		х =		OR	х =		
₩	Application Size Fee (37 CFR 1.16(s))											
$oxedsymbol{oxed}$	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))								OR			
8	RCEFILD						TOTAL ADD'L FEE		QR	TOTAL ADD'L FEE	CD	
	120/06	(Column 1)		(Calumn 2)	(Column 3)		•		-			
ENDMENT B	1-1-1-	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (5)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.18()))	. 26	Minus	- 57	·Ø		х =		OR	х =		
8	Independent (37 CFR 1.18(k))	• 4	Minus	78 2	7		X =		OR	χ. =		
AME	Application Size Fee (37 CFR 1.16(s))										_	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))								OR			
			•		,		TOTAL ADO'L FEE		OR	TOTAL ADO'L FEE		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.